

**IPIA Request for Labels  
(order control)**

U.S. Department of Housing and Urban Development  
Office of Manufactured Housing Program

OMB Approval No. 2502-0233  
expires 10/31/2006

The Manufactured Housing Procedural and Enforcement Regulations, 24 CFR Part 3282, require manufacturers to report certification label usage on a monthly basis. The information collected here will be used in conjunction with reporting home distribution, collecting fees, and reimbursing parties as appropriate under these Regulations. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

IPIA Agency Name	Agency Address	
IPIA Agency Authorized Label Administrator	Phone	Date (mm/dd/yyyy)

**Request for Labels**

(By IPIA Agency)

We hereby request \_\_\_\_\_ certification labels for our on-hand inventory. Currently our inventory is  
(Quantity)

\_\_\_\_\_ certification labels on hand. Based on our current rate of certification labels issued, the on-hand  
(Quantity)

inventory will last for approximately \_\_\_\_\_ weeks.

**Order Processing**

(by HUD's monitoring contractor)

Date request received \_\_\_\_\_ . The request for certification labels was placed with the label manufacturer  
(mm/dd/yyyy)

by \_\_\_\_\_ on \_\_\_\_\_ in the quantity of \_\_\_\_\_ certification labels.  
(mm/dd/yyyy)

Note: If the quantity ordered is different than requested, it was authorized by \_\_\_\_\_.  
(name)

This order should be received by the IPIA agency within the next three weeks.

**Confirmation of Receipt**

(to be completed by the IPIA)

We have received the quantity of certification labels authorized by HUD's monitoring contractor. Yes \_\_\_\_\_ No \_\_\_\_\_.  
If No, contact HUD's monitoring contractor immediately.

This order was received on \_\_\_\_\_ and contained:  
(mm/dd/yyyy)

Certification labels \_\_\_\_\_ - \_\_\_\_\_ through & including \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ (Quantity)

These labels were entered into this agency's on-hand inventory on \_\_\_\_\_  
(mm/dd/yyyy)

by IPIA authorized label administrator \_\_\_\_\_  
(signature)

Distribution  
Original - HUD's Monitoring Contractor  
Copies to: IPIA  
Manufacturer